

**Division of Driver Licensing**
MEDICAL REVIEW BOARD AFFIDAVIT

This affidavit is used to report a driver with a possible physical/mental impairment. Upon receipt of this report, the Division of Driver Licensing, Medical Review Board will review and investigate. This form may be used by physicians, city/county officials, police, or citizens. If completed by citizens, two signatures are required.

FIRST (<i>Driver information</i>)	MI	LAST	
DLN	DOB		
ADDRESS	CITY	STATE	ZIP

Why can't the above named individual safely operate a motor vehicle. List witnessed unsafe driving behaviors, all known medical ailments, or incident leading to this affidavit. *(If additional space is required, please attach additional sheets. Also note: We are required to release this document upon request by the individual named in the report.)*

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FIRST (<i>Physician/Official/Citizen</i>)	LAST		TITLE(<i>If applicable</i>)	
ADDRESS	CITY	STATE	ZIP	
SIGNATURE	DATE	PHONE		

FIRST (<i>Physician/Official/Citizen</i>)	LAST		TITLE(<i>If applicable</i>)	
ADDRESS	CITY	STATE	ZIP	
SIGNATURE	DATE	PHONE		

NOTARY Subscribed and sworn to before me this: _____

SIGNATURE	My Commission Expires:
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Return To
Transportation Cabinet
Medical Review Board
Division of Driver Licensing, 2nd Floor West
200 Mero Street
Frankfort KY 40622